## 2004 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

## Mar 22, 2004 8:00 am Secretary of State 03-22-2004 90421 030 \*\*\*\*50.00 DOCUMENT # L01000005022 EAGLE REALTY HOLDING, L.L.C. **LAUCOJUPA** Principal Place of Business Mailing Address 701 BRICKELL AVENUE, SUITE 1250 701 BRICKELL AVENUE, SUITE 1250 MIAMI, FL 33131 MIAMI, FL 33131 3. Mailing Address 21170 N. E. 2. Principal Place of Business 21170 N. E. 22nd Court 22nd Court Suite, Apt. #, etc. Suite, Apt. #, etc. 01222004 Chg-LLC CR2E083 (10/03) Applied For City & State 4. FEI Number City & State N. Miami Beach, Florida N. Miami Beach, Florida 65-1091876 Not Applicable Country \$5.00 Additional Zip 7ip Country 5. Certificate of Status Desired Fee Required 33180 33180 USA 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Lawrence N. Rosen, Esq. BROG TES, ROBERT Street Address (P.O. Box Number is Not Acceptable) 701 BRICKELL AVENUE, SUITE 1250 Lawrence N. Rosen, P.A. MIAMI, FL 331,31. 21170 N. E. 22nd Court City . Zip.Code 33180 N Miami Beach urpose of changing its registered office or registered ages, or both, in the State of Florida. I am familiar with, and accept 8. The above na tity submits this stateme the obligation 3/17/04 SIGNATURE (NOTE: Registered Agent signature required when reinstating) Make check payable to Filing Fee Is \$50.00 Due by May 1, 2004 Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. MGRM Delete Sole Manager Henry Kardonski 21070 N. E. 22nd Court 1000 P.A. TITLE TITLE Change ☐ Addition EAGLE NATIONAL HOLDING COMPANY NAME NAME 701 BRICKELL AVENUE SUITE 1250 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI, FL 33131 N. Miami Beach, Fla. ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Addition Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TILLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes. Henry Kardonski, Sole Manager 305/932-9955 SIGNATURE: PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Daytime Phone # Date

**FILED**